

MD Board of Chiropractic & Massage Therapy Examiners

SUPERVISING CHIROPRACTOR & CA EMPLOYMENT & STATUS PACKET

These forms must be executed and a receipt received from the Board before an individual may be employed or trained as a CA Applicant.

ENCLOSURES:

EXPLANATORY LETTER

NOTICE OF EMPLOYMENT OF CA APPLICANT

CHANGE OF CA STATUS REPORT FORM

**SAMPLE CA APPLICANT
IN-SERVICE TRAINING LOG-RECORD**

**PERTINENT SUPERVISING
CHIROPRACTOR & CA REGULATIONS**

Revised 02/2011

MD Board of Chiropractic & Massage Therapy Examiners

Suite 301 4201 Patterson Ave., Baltimore, MD 21215-2299
410.764-4726 FAX: 410.358-1879

NOTICE OF EMPLOYMENT OF CA APPLICANT & CHANGE OF CA STATUS FORMS

A CA Applicant may NOT be hired or commence instruction unless/until the Notification of Employment Form is submitted to the Board and the Board has responded with a written acknowledgement. These forms are also required when terminating a registered CA on your staff or when one voluntarily resigns.

In order to employ, train or sponsor a CA applicant, **the chiropractor MUST be an actively licensed Supervising Chiropractor with PT privileges.** Licensees not holding these qualifications may not work with CAs and may not train or instruct CA applicants. Licensees who violate this requirement subject their licenses to disciplinary sanctions. If you are not a Supervising Chiropractor, it takes 60 – 90 days to achieve this certification and requires passing a Board exam and paying a \$300.00 fee.

As the prospective employer and supervisor of a CA applicant, you are required to observe and follow all regulatory procedures and protocols without exception. The regulations pertaining to Supervising Chiropractors and CAs are available at our website at www.mdchiro.org. The pertinent section is COMAR 10.43.07. The safety of the general public, your patient and your reputation and your license status depend on your unyielding adherence to the laws and regulations.

The enclosed forms must be legibly completed, signed and submitted as indicated. These forms track the hiring, training termination and transfer of all CA applicants and CAs through his/her apprenticeship with your practice. Failure to complete and submit these forms in a timely manner violated regulations and may result in disciplinary action against your license.

PLEASE NOTE THAT ALL DIDACTIC AND CLINICAL TRAINING MUST BE COMPLETED BY YOUR CA APPLICANT WITHIN ONE (1) YEAR OF HIRING WITHOUT EXCEPTION.

Any questions regarding the CA or Supervising Chiropractor programs must be addressed to the Executive Director at 410-764-4726 or vallonej@dhmh.state.md.us.

Sincerely,

J. J. Vallone, JD, CFE
Executive Director

enclosed: forms

02/2011

**NOTICE OF EMPLOYMENT OF
CHIROPRACTIC ASSISTANT (CA APPLICANT)**

TO BE SUBMITTED IN HARD COPY ORIGINAL ONLY

From: Dr. _____ Date _____

To: MD Board of Chiropractic & Massage Therapy Examiners

Please be advised that I am hiring/sponsoring _____ as a chiropractic assistant applicant/trainee. It is anticipated that he/she will work _____ hours and _____ days per week in my practice under the direct supervision of the undersigned Supervising Chiropractor. I verify and attest that:

- I am licensed in good standing and am certified as a Supervising Chiropractor and hold Physical Therapy privileges and that I have read and understand all provisions of the Board regulations regarding CAs and Supervising Chiropractors.
- I understand and agree that ALL didactic and clinical training must be completed by the applicant within one year. I agree to contact the Board at the end of the 1-year period to verify that the applicant has met or not met all requirements.
- I understand and agree that the clinical, in-service curriculum of 520 hours consists of 40 hours of observation and 480 hours of direct supervision in procedures and modalities. I will maintain a legible, written log report/record reflecting all aspects of the in-service training. I agree that upon completion of the training, I will submit the written log/report reflecting the satisfactory completion of this training or at any time the Board requests to review the log/report.
- I understand and agree to contact the Board in writing within 10 working days if/when the applicant or a registered CA leaves my practice (using the enclosed Change-of-Status Report Form).
- I agree never to inquire, petition, or demand of a CA applicant or registered CA to engage in any improper, illegal, unethical procedure or policy or to violate any law or regulation of the Board or the State or any other jurisdiction.

Printed Name of Supervising Chiropractor

Printed Name of CA Applicant/Trainee

Signature of Supervising Chiropractor

Signature of CA Applicant/Trainee

Mailing address of Supervising Chiropractor

Mailing address of CA Applicant/Trainee

Phone Number of Supervising Chiropractor

Phone Number of CA Applicant/Trainee

Email address of Supervising Chiropractor

Email address of CA Applicant/Trainee

CHANGE OF STATUS REPORT FORM

Required to be submitted within 10 days of the termination,
transfer, or resignation of a CA Applicant/Trainee or a Registered CA

Supervising Chiropractor Name & Address:

CA or CA Applicant Name & Address:

Date employment or training commenced on _____ and terminated on _____

COMPLETE THE FOLLOWING:

I, Dr _____, Supervising Chiropractor, attest to the
change in status of the abovementioned CA/CA Applicant.

The employee or trainee (check one below):

- ____ was terminated for cause on _____ for the following reasons:

- ____ departed on his/her own decision on _____

- ____ transferred to the following chiropractic practice on _____

The forwarding address of the employee/applicant is:

I would/would not (circle one) recommend this individual for continuation in
the CA Program because: _____

Signature of Supervising Chiropractor

Date

